

SCDDSN Employee Checklist - Metered Dose Inhaler

| Employee: | | | | | | |
|---|----------|-------------------|----------|------------|------|---|
| ✓ | off time | Consumer Initials | Reviewer | Credential | Date | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| SCORING: If the employee completes the task independently (without verbal prompts or manual assistance), place a 'Y' in the check off results column for YES. If the employee does not complete the task or requires verbal or manual guidance, place a 'N' in the check off results column for NO. An employee is not considered competent in administration of medication using metered-dose inhalers unless all items are rated as 'YES'. | | | | | | |
| Does the employee complete all of the following steps independently? | | | | | | |
| Item | | | | ✓ off time | | |
| FOR METERED-DOSE INHALERS – (A placebo trainer may be used for this assessment) | | | | 1 | 2 | 3 |
| Preparation: | | | | | | |
| Identifies when medications need to be reordered and notifies appropriate person OR a system is in place to support the employee in re-ordering medication | | | | | | |
| Confirms the identity of consumer using at least 2 methods of identification | | | | | | |
| Locates Medication Administration Record (MAR) and pen | | | | | | |
| Washes hands | | | | | | |
| Identifies and removes correct metered-dose inhaler from locked medication supply comparing the label with MAR – 1st Medication Check | | | | | | |
| Identifies the purpose of the metered-dose inhaler | | | | | | |
| Identifies the most common side effects of the medication | | | | | | |
| Identifies who to contact if problems with medication occur | | | | | | |
| Using the inhaler: | | | | | | |
| Removes all packaging from inhaler, including foil (if applicable) and checks that the inhaler is the correct medicine, dose, and not expired – 2nd Medication Check | | | | | | |
| Inserts metal canister into plastic holding device | | | | | | |
| Removes mouthpiece cover | | | | | | |
| Keeps canister in vertical position | | | | | | |
| Primes inhaler (if needed) according to package insert | | | | | | |
| Checks for foreign objects in mouthpiece | | | | | | |
| Shakes inhaler thoroughly (10 – 30 seconds) | | | | | | |
| Rechecks that the inhaler selected is the correct medication – 3rd Medication Check | | | | | | |
| Instructs individual to hold head upright | | | | | | |
| Instructs individual to breathe out slowly and completely through mouth – demonstrates, if needed. | | | | | | |
| Positions the mouthpiece of the inhaler between individual’s teeth and instructs him/her to seal lips around it. | | | | | | |
| Instructs individual to breathe in slowly and deeply. As the individual begins to breathe in, presses down on canister one time. | | | | | | |
| Instructs individual to hold breath and counts slowly to 10 (10 seconds) | | | | | | |
| Repeats the above steps for each puff ordered by the primary care provider, waiting about 1 minute between puffs. | | | | | | |
| Replaces cap on the inhaler when finished | | | | | | |
| Provides water for individual to rinse mouth and spit out water without swallowing. | | | | | | |

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|---|--|--|--|
| Washes hands | | | |
| Documents the medication administered on the MAR | | | |
| Demonstrates proper procedure for care for and cleaning of the metered-dose inhaler and chamber | | | |
| Returns medication to the appropriate locked storage area | | | |
| Clean up: | | | |
| Wipes off counter | | | |
| Returns MAR to proper location | | | |
| Washes hands | | | |

Signatures upon successful completion:

Reviewer: _____ Employee: _____ Date: _____

SAMPLE